

July 15, 2016

To Whom It May Concern,

It has come to our attention that some insurers are assuming that facial hair removal is not a medically necessary procedure due to a lack of parallel structure in language between our 2008 Medical Necessity Statement and our 2012 Standards of Care, Version 7. In the former, we stated "Medically necessary sex reassignment procedures also include ... facial hair removal, and certain facial plastic reconstruction as appropriate to the patient." In the latter, we state that "hair removal through electrolysis, laser treatment, or waxing ... can be considered to help alleviate gender dysphoria." The problem appears to be that this later language is not specific to the medical necessity of such procedures, and therefore some analysts take this as an opportunity to reject claims for hair removal treatments.

To clarify, there has been no change in our position that electrolysis is medically necessary for those whose gender dysphoria can be alleviated using this treatment modality. In fact, throughout Version 7 of the SOC, we state that treatment must be individualized. It remains our position that electrolysis "can be considered to help alleviate gender dysphoria," and its medical necessity should be determined according to the judgment of the referring physician.

As with every medical problem, the objective of treatment for gender dysphoria is to alleviate the condition, and patients with the same condition do not always respond to—or thrive following—the application of identical treatments. The withholding of a particular treatment from any patient because it is thought to be unnecessary for other patients, especially when the treatment is known to be effective, does not justify a decision against the medical necessity of the treatment in every case.

Thank you for your attention to this matter. If further information or consultation is needed, please contact the WPATH office.

Sincerely,

Jamison Green, PhD

Immediate Past-President

Chair, Ethics Committee